3 SEXUAL BEHAVIOUR

539

"Lust is deceitful: I have lost my blanket through it."

(Proverb)

Fertility and Morality

121

3.1. It may justly be asked why a lengthy treatment of sexual behaviour is considered necessary to an account of Badaga medical conditions. Sex is a normal bodily function, and any diseases associated with this function are dealt with elsewhere in this book (6.61-6.62). Yet there are three reasons why the following emic account of sexual behaviour has been put together. One is that a similarly full account of peasant sexual activity seems to be lacking in the literature currently available on South Asia, and so I am able to fill a certain gap with this difficult and necessarily impressionistic essay. Secondly, the genetic effects of sexual practices are quite different from what Badaga marriage rules would suggest. Those rules represent the Badagas as an endogamous community, made up of a number of almost wholly endogamous phratries, and practising preferential cross-cousin marriage. This picture differs from what we may call the breeding pattern, which clearly allows for genetic intermingling between all of the Badaga phratries, and furthermore for Badaga males to contribute to the gene pool of Kotas, Todas and other neighbouring communities. Thirdly, these breeding patterns are obviously tied to the spread of certain venereal diseases. This is of great importance, since there appears to be a positive relationship between degree of religious orthodoxy, hierarchical status of a phratry, and fertility. To be more precise, the Wodeyas, the phratry highest in status, are orthodox, vegetarian, and Lingayat. My impression was that extra-marital sexual licence was less with this phratry than with certain lower-ranking ones, and much less than with the lowest group, the Toreyas. At the same time my censuses of several Badaga villages showed the following average numbers

121 615 554 847 837 615 163

4: Hockings E-S (1962-1977) 1980
AW50 Badaga AW50

of live children for samples of selected phratries in 1963 and 1972:

Table 3. Average Number of Living Children per Married Woman in Four Selected Badaga Villages (Listed Hierarchically)

	1963	1972
one Wodeya village (highest group)	3.63 (N=35)	3.55 (N=49)
one Adikiri Lingayat village	3.49 (N=43)	3.72 (N=58)
one Gauda village	3.14 (N=84)	3.60 (N=88)
one Toreya village (lowest group)	3.12 (N=17)	3.05 (N=20)

In Table 3, N stands for the number of married women in each selected village for whom the number of living children was ascertainable. In practice this included virtually all wives, including barren wives and second or third wives, but excluded a very few aged widows, in each village population.

The selective factors underlying these statistical differences certainly include differential exposure to venereal diseases and consequent low fertility of some women, either through tubal occlusion or through the miscarriages and congenital abnormalities that syphilis causes. The names of the phratries are listed in hierarchical order, Wodeyas being the most superior ritually and Toreyas the most inferior. Very impressionistically, and only for purposes of the present analysis, we might label the Wodeyas and Adikiris "upper class," the Gaudas "middle class," and the Toreyas "lower class." With such a categorization we might then expect that the upper class has a higher average of live children because it can afford better maternity and medical care, better food, and the more reliable scientific medical practitioners. Yet nothing could be further from the present case. It is the middle class who get all of these things most readily. The upper class phratry of Wodeyas is in fact a poor, and medically conservative, educationally backward group who are upper *only* in the sense of their vegetarianism, exclusivity, and religious orthodoxy (cf. 10.12). Many of their males perform priestly services for the other Badaga phratries as well as farming; many of their villages lie quite close to towns. The middle-class group are farmers, but not priests, and they have the highest rate of contact

41 Hockings E-5 (1962-1977) 1980
AW50 Badaga AW50

with non-Badaga prostitutes. The lower-class group, as we shall see below (3.7—*c*), has some extra-marital sexual contact with a wide range of other Badaga men, including of course some who have also had relations with diseased prostitutes. Since the four chosen villages are representative in their subcultures of these four phratries, are all accessible to therapists and midwives, are located within three miles of each other in the middle of the plateau, are all at the same elevation of about 6,500 feet, but in no instances were using contraceptives in 1963, it is difficult to avoid explaining the divergence between the average number of children in these families by any other means than this hypothesis: that *there is a positive correlation between socio-ritual status* (*or extent of religious orthodoxy*) *and the fertility of women.* I realize this may sound like moralizing; but it is the census data and not I myself that shows the "good," orthodox Badaga parents to have more live births than those who indulge more in inter-community, extra-marital relations.

The number of stillbirths and abortions is something I know nothing about. In one well-to-do Adikiri farming family which happened to include two skilled midwife-therapists, a woman married at the age of 12 conceived first at 18, and then had a total of five live births and another five miscarriages or neonate deaths. I have no reason to believe either that her husband (whom I know well) was diseased or that her birth history is really atypical.

Sex Education

3.2. A useful way of approaching the matter of Badaga sexual practice is to ask how the individual acquires his knowledge of the matter. The answer is that diverse sources are available, including conversation with others, observation of men and animals, and experimentation. We shall elaborate on each of these in turn.

Conversation on sexual matters occurs not only with members of one's own sex but also with lovers. Since in each case the party with whom one holds such conversation may be either an age-mate or some older person, there is a relatively free flow of information from one generation to another, and between the two sexes. Nonetheless some propriety is observed in seeking the information. Parents do not usually give any sex instruction to their children, nor do elder brothers generally give it to younger siblings or elder sisters to their younger sisters. The mother's brother, who is a kind of

41 Hockings E-5 (1962-1977) 1980
AW50 Badaga AW50

Fertility and Infertility

3.17. A basic problem of public health administration—to control the abundant fertility of Indian and other Asian populations—has never been taken for a problem by the Badaga community. Even though their population has increased from 2,207 in 1812 to 104,392 in 1971 their village leaders are only now beginning to perceive that such a staggering increase (4,730 per cent in 160 years) has to be curtailed. Sons were of course valued in a farming community in a frontier-like situation, and long after swidden agriculture had ceased and the amount of farmland stabilized people still thought in terms of having a number of sons for security. This entailed on the average having the same number of daughters. ("Even though you repeatedly tell her, she is only delivering girls," a proverb bemoans.) And as standards of public hygiene slowly increased so too did the excess of births over deaths. In various prayers Badagas still ask: "May the house be filled with children!" In contrast, however, one proverb acknowledges that, "The mother who has given birth to ten children [is almost like someone] dead from having fallen in the lake." Another traditional proverb counsels: "Rather than deliver ten pigs [i.e., unscrupulous children], deliver one [good child] Nandi." In the 600 households of my sample the average nuclear family had 3.7 children.

For Badagas then, the more important problem is infertility. Several lady therapists have built their reputations on their abilities to cure or at least to predict a woman's barrenness. In some marriages, as we have seen, the apparent infertility is an effect, in the Badaga's view, of the couple thinking about divorce and hence not satisfying each other through intercourse. "Treatment" for infertility will be discussed in more detail below (6.62).

The commonest solution for an infertile marriage is for the woman to bring her younger sister into the home as a second wife. Should the latter prove infertile too their natal family is considered accursed: the thought that the problem might lie with the husband does not arise. If the barren wife does not supply a substitute she is usually sent home to her parents. Her fate then, if she is lucky, will be to marry a widower who needs a woman's labour in the house but who already has his children (Jagor 1876: 200). Nowadays childless couples tend to follow the South Indian practice of visiting distant temples on pilgrimage, and promising to give the gods something when they have been blessed with a son.